Évolution de la présentation du cancer du sein au cours des dernières décennies

Variations of breast cancer presentations for the last decades

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More progress has been made in the last 30 years in our knowledge of breast cancer than in the previous 1,000. One of the major contributions to this increase of knowledge comes from the so called "St. Gallen guidelines". Every two years, doctors specialising in breast cancer gather in St. Gallen to discuss developments and update guidelines on adjuvant therapies. It is always an important conference, but its conclusions tend to be measured rather than headline grabbing. St. Gallen 2005 signalled that a revolution is underway and that breast cancer treatment will never be the same again.

Weighing up the latest evidence, the conference concluded that every breast cancer should be characterised according to eight elements: its size, histological type, grading, hormone receptor status, lymph node status, proliferation index (Ki 67), cErbB2 status and the presence or absence of peritumour vascular invasion. Each of these eight parameters of breast cancer is independent of the others, which means breast cancer comes in 64 (8 x 8) different variants.

The implications of this are very far reaching. The whole concept of breast cancer as a single disease is now dead, and we therefore need to make fundamental changes in the way we approach treatment decisions. For a start, the traditional TNM classification can no longer be considered and adequate guide to treatment, because it provides

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information on only two of the eight parameters of significance. The value of cytological examination has also been brought into question, because all it can tell us is that we are dealing with a breast cancer.

Many treatment dogmas will also need re-examining. For instance, is radiotherapy always needed after conservative surgery? What if you have just operated on a 70-year-old patient, for a very-low-risk tumour – 1 cm in size, no lymph node invasion, grade I, 90% oestrogen-receptor positive, 5% Ki 67, no vascular invasion and cErbB2? It may take the patient two hours by bus to reach her nearest radiotherapy centre and another two hours home again. Is six weeks of daily radiotherapy really worth the time, energy and cost in this case?

Recognising how complex and varied breast cancer is also vindicated the many voices who have been calling for breast cancer to be treated in specialist units by teams comprising a surgeon, and oncoplastic surgeon, specialised pathologist, radiotherapist, medical oncologist and breast care nurse. Given that we now know, it would be utterly irresponsible to continue to treat any patient outside of such a specialist setting.

All over Europe, breast units are committed to find new solutions to the arising problems (*i.e.* how to manage properly non palpable lesions, how to reduce the burden of radiotherapy without increasing the risk of local recurrence, how to improve the cosmetic results of surgery, etc.).

We need to constantly improve our biological knowledge, our teamwork and our communication skills.